

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/677780	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		2					53					
4		(1)					54					
5	/						55					
6		/					56					
7		2					57					
8	/						58					
9		/					59					
10	/						60					
11		/					61					
12		/					62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4											
TOTAL DEP.	10											
TOTAL CLAIMS	14											